

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
691589383

FILING DATE

APPLICANT(S)

8-23-04 89-19-05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3			1			
4					1	
5					1	
6					1	
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TOTAL IND.	1		1		1	
TOTAL DEP.	0	↓	1	↓	5	↓
TOTAL CLAIMS	1	████████	2	████████	6	████████

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		████████		████████		████████